BEST-AVAILABLE COPY

Application of Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

3-1-19-01847

CLAIMS AS FILED - PART								SMALL ENTITY		OTHER THAN		
			(Column 1)		(Column 2)		]	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			15		! <u></u> .			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BAŞIÇ FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/ _ minus 20=		• -			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		-			X42=	1	OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT	- · · -				+140=		OR	+280=	
* If the difference in column 1 is less than zero					o, enter "0" in column 2			TOTAĻ		OR	TOTAL	740
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
		(Column 1)		Column 2) (Column 3)			SMALL ENTITY			R SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 17	Minus	**	<i>2</i> 0	= /		X\$ 9=		OR	X\$18=	
	Independent	* 3 NTATION OF M	Minus	***	3 TCL A114	2		X42=		OR	X84=	
L	FIRST PRESE	INTATION OF IM	OLITE DEF	CINDEIA	1 COAIM		'	+140=		OR	+280=	
TOTAL ADDIT, FEE										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER HOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=	
ONE										OR	TOTAL	
ABOIL FEE												
2-2-05 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT C		REMAINING AFTER AMENDMENT		NUA PREVI	MBER NOUSLY D FOR	PRESENT EXTRA	11	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 20	Minus	**	20	=		X\$ 9=		OR	X\$18=	
	Independent	. 3	Minus	***	3	<u>/</u> =	] [	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								Un			
	If the entry in colu	ımo 1 is less than t	he entry in colu	ımn 2. wri	/ te "0" in co	olumn 3.		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	mber Previously Pa	aid For" (Total o	r Indepen	dent) is the	e highest numb	er fol	und in the app	propriate bo	x in co	lumn 1.	